
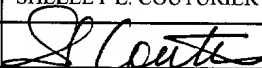


<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i>	Attorney Docket No.	A-7195
	First Inventor or Application No.	MOBLEY ET AL.
	Title	BURST-MODE DIGITAL TRANSMITTER
	Express Mail Label No	EL745333016US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents	<b>ADDRESS TO:</b> Box Patent Application Commissioner for Patents Washington DC 20231																
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>10</u> ]	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies																
3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>6</u> ] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTORS</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)	<b>ACCOMPANYING APPLICATION PARTS</b> 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:																
16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: Prior application information: Examiner: Group Art Unit:																	
<b>17. CORRESPONDENCE ADDRESS</b> <input checked="" type="checkbox"/> Customer Number or Bar Code  or <input type="checkbox"/> Correspondence address below <table border="1"> <tr> <td>Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td></td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table>		Name				Address				City		Zip Code		Country	Telephone	Fax	
Name																	
Address																	
City		Zip Code															
Country	Telephone	Fax															

Name (Print/type)	SHELLEY L. COUTURIER	Registration No. (Attorney/Agent)	47,503
Signature		Date	APRIL 23, 2001

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: MOBLEY ET AL.  
DOCKET NO.: A-7195  
TITLE: BURST-MODE DIGITAL TRANSMITTER

APRIL 23, 2001

**FEE TRANSMITTAL FORM**

Box PATENT APPLICATION  
Commissioner for Patents  
Washington, DC 20231

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	2	3	0	\$ 80.00	\$000.00
Total Claims	13	20	0	\$ 18.00	\$000.00
Multiple Dependent Claims				\$270.00	\$000.00
Basic Filing Fee				\$710.00	\$710.00
Total Filing Fee					\$710.00

One duplicate original of this sheet is enclosed.

**SEND CORRESPONDENCE TO:**

Scientific-Atlanta, Inc.  
Intellectual Property Dept. MS 4.3.518  
5030 Sugarloaf Parkway  
Lawrenceville GA 30044

By:

  
SHELLEY L. COUTURIER  
Agent of Record  
Reg. No.: 47,503  
Phone: (770) 236-2352  
Fax No.: (770) 236-4806

**Certificate of Mailing**

**EXPRESS MAIL NO.: EL745333016US**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as EXPRESS MAIL in an envelope addressed to:

Box PATENT APPLICATION  
Commissioner for Patents  
Washington, DC 20231

on APRIL 23, 2001.

  
Marcia Burdick

Docket No.: A-7195